

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000027483**  
1. Entity Name  
TURNPIKE HILL PLANTATION, INC.



Principal Place of Business  
6505 EDGEWATER DRIVE  
ORLANDO, FL 32810

Mailing Address  
6505 EDGEWATER DRIVE  
ORLANDO, FL 32810



01212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2366638

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
RANDOLPH, TIMOTHY V SR.  
6505 EDGEWATER DRIVE  
ORLANDO, FL 32810

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

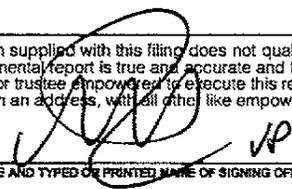
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, TIMOTHY V SR. 6505 EDGEWATER DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, TIMOTHY V JR 6505 EDGEWATER DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RANDOLPH, TIMOTHY V SR 6505 EDGEWATER DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES RANDOLPH, TIMOTHY V JR 6505 EDGEWATER DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80038-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  VP **1-21-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #